

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Northern District of Illinois		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Hasty, Keith Allen		Name of Joint Debtor (Spouse) (Last, First, Middle): Hasty, Diane
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-8759		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-7348
Street Address of Debtor (No. and Street, City, and State): 3508 Islay Lane Crete, IL <div style="text-align: right;">ZIP Code 60417</div>		Street Address of Joint Debtor (No. and Street, City, and State): 3508 Islay Lane Crete, IL <div style="text-align: right;">ZIP Code 60417</div>
County of Residence or of the Principal Place of Business: Will		County of Residence or of the Principal Place of Business: Will
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Hasty, Keith Allen Hasty, Diane	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: - None -	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). X _____ Signature of Attorney for Debtor(s) (Date)	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord that obtained judgment) _____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Hasty, Keith Allen
Hasty, Diane

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Keith Allen Hasty

Signature of Debtor **Keith Allen Hasty**

X /s/ Diane Hasty

Signature of Joint Debtor **Diane Hasty**

Telephone Number (If not represented by attorney)

March 17, 2015

Date

Signature of Attorney*

X /s/ Carolina Y. Sales (ARDC)

Signature of Attorney for Debtor(s)

Carolina Y. Sales (ARDC #6287277)

Printed Name of Attorney for Debtor(s)

Bauch & Michaels, LLC

Firm Name

53 W Jackson Blvd
Suite 1115
Chicago, IL 60604

Address

Email: **csales@bauch-michaels.com**

312-588-5000 Fax: 312-427-5709

Telephone Number

March 17, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Hasty, Keith Allen

Hasty, Diane

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Keith Allen Hasty

Signature of Debtor Keith Allen Hasty

X /s/ Diane Hasty

Signature of Joint Debtor Diane Hasty

Telephone Number (If not represented by attorney)

March 17, 2015

Date

Signature of Attorney*

X /s/ Carolina Y. Sales (ARDC

Signature of Attorney for Debtor(s)

Carolina Y. Sales (ARDC #6287277)

Printed Name of Attorney for Debtor(s)

Bauch & Michaels, LLC

Firm Name

53 W Jackson Blvd
Suite 1115
Chicago, IL 60604

Address

Email: csales@bauch-michaels.com

312-588-5000 Fax: 312-427-5709

Telephone Number

March 17, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Keith Allen Hasty
Diane Hasty**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Keith Allen Hasty
Keith Allen Hasty

Date: March 17, 2015

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Keith Allen Hasty
Keith Allen Hasty

Date: March 17, 2015

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Keith Allen Hasty
Diane Hasty**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Diane Hasty
Diane Hasty

Date: March 17, 2015

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Diane Hasty
Diane Hasty

Date: March 17, 2015

United States Bankruptcy Court
Northern District of Illinois

In re **Keith Allen Hasty,
Diane Hasty**

Debtors

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	62,589.71		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		12,450.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		30,657.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	14		2,067,920.86	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			4,780.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			11,816.00
Total Number of Sheets of ALL Schedules		30			
Total Assets			62,589.71		
Total Liabilities				2,111,027.86	

United States Bankruptcy Court
Northern District of Illinois

In re **Keith Allen Hasty,
Diane Hasty**

Debtors

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
--------------------------------------	---	------------------------------------	--	-------------------------

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash	J	50.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		JPMorgan Chase Bank, NA P.O. Box 659754 San Antonio, TX 78265-9754 #9959	H	18.39
		JPMorgan Chase Bank, NA P.O. Box 659754 San Antonio, TX 78265-9754 #0768	J	624.57
		BMO Harris Bank, NA P.O. Box 94033 Palatine, IL 60094-4033 #2961	J	51.67
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Miscellaneous furniture & household items	J	2,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Various items	J	200.00
6. Wearing apparel.		Misc. men's and woman's clothing	J	600.00
7. Furs and jewelry.		Woman's wedding band & ring	W	500.00
		Wedding band	H	200.00
		Anniversary band	W	500.00
8. Firearms and sports, photographic, and other hobby equipment.	X			

Sub-Total > **5,244.63**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Northwestern Mutual Life Insurance (#9951705) (\$42,000 loan)	H	10,200.00
		Genworth (#J430742)	H	0.00
		Farmers (#9354884)	W	0.00
		AXA Equitable (#153233287)	H	0.00
		New England Life/Met Life (#28086656) (\$12,450 loan)	W	1,300.00
		Bankers Life	W	0.00
		Bankers Life	J	0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		TD Ameritrade Division of TD Ameritrade Inc. PO Bos 2209 Omaha, NE 68103-2209 #6419	H	10,710.00
		TD Ameritrade Division of TD Ameritrade Inc. PO Bos 2209 Omaha, NE 68103-2209 #6462	W	14,633.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		Engineered Foam Solutions, Inc.	H	1.00
14. Interests in partnerships or joint ventures. Itemize.		Keystone Advisors, LLC	H	0.08

Sub-Total > **36,844.08**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.		Hasty Spendthrift Trust-Diane Hasty is primary beneficiary; Keith Hasty is secondary beneficiary	J	1.00
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2013 Honda Accord Sport	H	15,000.00

Sub-Total > **15,001.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		Timeshare in Las Vegas Grandview Resort at Las Vegas Vacation Villas 9940 S. Las Vegas Rd Las Vegas, NV 89183	J	0.00
		Timeshare in New Smyrna Beach Coconut Palms 611 S. Atlantic Avenue New Smyrna Beach, FL 32169	J	0.00
		Timeshare in Orlando, Florida Orange Lake Country Club 8505 W. Irlo Bronson Hwy Kissimmee, FL 34747	J	5,500.00

Sub-Total > **5,500.00**
(Total of this page)
Total > **62,589.71**

(Report also on Summary of Schedules)

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds

\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Cash on Hand</u>			
Cash	735 ILCS 5/12-1001(b)	50.00	50.00
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
JPMorgan Chase Bank, NA P.O. Box 659754 San Antonio, TX 78265-9754 #9959	735 ILCS 5/12-1001(b)	18.39	18.39
JPMorgan Chase Bank, NA P.O. Box 659754 San Antonio, TX 78265-9754 #0768	735 ILCS 5/12-1001(b)	624.57	624.57
BMO Harris Bank, NA P.O. Box 94033 Palatine, IL 60094-4033 #2961	735 ILCS 5/12-1001(b)	51.67	51.67
<u>Wearing Apparel</u>			
Misc. men's and woman's clothing	735 ILCS 5/12-1001(a)	600.00	600.00
<u>Furs and Jewelry</u>			
Woman's wedding band & ring	735 ILCS 5/12-1001(b)	500.00	500.00
Wedding band	735 ILCS 5/12-1001(b)	200.00	200.00
Anniversary band	735 ILCS 5/12-1001(b)	500.00	500.00
<u>Interests in Insurance Policies</u>			
Northwestern Mutual Life Insurance (#9951705) (\$42,000 loan)	735 ILCS 5/12-1001(f)	10,200.00	10,200.00
Genworth (#J430742)	735 ILCS 5/12-1001(f)	0.00	0.00
Farmers (#9354884)	735 ILCS 5/12-1001(f)	0.00	0.00
AXA Equitable (#153233287)	735 ILCS 5/12-1001(f)	0.00	0.00
New England Life/Met Life (#28086656) (\$12,450 loan)	735 ILCS 5/12-1001(f)	0.00	1,300.00
Bankers Life	735 ILCS 5/12-1001(f)	0.00	0.00
Bankers Life	735 ILCS 5/12-1001(f)	0.00	0.00

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u>			
TD Ameritrade Division of TD Ameritrade Inc.	735 ILCS 5/12-704	11,010.00	10,710.00
PO Bos 2209			
Omaha, NE 68103-2209 #6419			
TD Ameritrade Division of TD Ameritrade Inc.	735 ILCS 5/12-1006	14,866.00	14,633.00
PO Bos 2209			
Omaha, NE 68103-2209 #6462			
<u>Interests in Partnerships or Joint Ventures</u>			
Keystone Advisors, LLC	735 ILCS 5/12-1001(b)	1.00	1.00
<u>Contingent and Non-contingent Interests in Estate of a Decedent</u>			
Hasty Spendthrift Trust-Diane Hasty is primary beneficiary; Keith Hasty is secondary beneficiary	735 ILCS 5/2-1403	1.00	1.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2013 Honda Accord Sport	735 ILCS 5/12-1001(c)	2,550.00	15,000.00

Total: **41,172.63** **54,389.63**

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

0 continuation sheets attached

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	A M O U N T N O T E N T I T L E D T O P R I O R I T Y, I F A N Y
								A M O U N T E N T I T L E D T O P R I O R I T Y
Account No.			2006					
Dept. of Treasury-IRS Centralized Insolvency Dp. P.O. Box 21126 Philadelphia, PA 19114	J						18,500.00	0.00
							18,500.00	18,500.00
Account No.			2007					
Dept. of Treasury-IRS Centralized Insolvency Dp. P.O. Box 21126 Philadelphia, PA 19114	J						3,528.00	0.00
							3,528.00	3,528.00
Account No.			2008					
Dept. of Treasury-IRS Centralized Insolvency Dp. P.O. Box 21126 Philadelphia, PA 19114	J						1,708.00	0.00
							1,708.00	1,708.00
Account No.			2005					
Illinois Dept. of Revenue Bankruptcy Section P.O. Box 64338 Chicago, IL 60664-0338	J						2,421.00	0.00
							2,421.00	2,421.00
Account No.			2007					
Illinois Dept. of Revenue Bankruptcy Section P.O. Box 64338 Chicago, IL 60664-0338	J						4,500.00	0.00
							4,500.00	4,500.00
Subtotal								0.00
(Total of this page)							30,657.00	30,657.00
Total								0.00
(Report on Summary of Schedules)							30,657.00	30,657.00

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxx3621 ACL Laboratories 4001 Vollmer Road Olympia Fields, IL 60461-3168		H	11/05/2012 Medical tests				90.02
Account No. xxxxxx0465 ACL Laboratories 4001 Vollmer Road Olympia Fields, IL 60461-3168		H	11/12/2012 Medical tests				123.65
Account No. xxxxxx9780 ACL Laboratories 4001 Vollmer Road Olympia Fields, IL 60461-3168		H	06/18/2013 Medical tests				268.33
Account No. xxxxxx9733 ACL Laboratories 4001 Vollmer Road Olympia Fields, IL 60461-3168		H	06/29/2013 Medical tests				288.33
Subtotal (Total of this page)							770.33

13 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx8026 ACL Laboratories 4001 Vollmer Road Olympia Fields, IL 60461-3168	H	12/20/2013 Medical tests				339.21
Account No. xxxxxx3279 ACL Laboratories 4001 Vollmer Road Olympia Fields, IL 60461-3168	H	01/30/2012 Medical Tests				93.90
Account No. xxxxxx2692 ACL Laboratories 4001 Vollmer Road Olympia Fields, IL 60461-3168	H	04/27/2012 Medical tests				113.78
Account No. xxxxxx6111 ACL Laboratories 4001 Vollmer Road Olympia Fields, IL 60461-3168	H	10/31/2012 Medical tests				444.18
Account No. xxxxx2041 Advocate Medical Group 4001 Vollmer Road Olympia Fields, IL 60461	H	01/15/2014 Medical Services				83.49
Sheet no. <u>1</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,074.56

B6F (Official Form 6F) (12/07) - Cont.

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx2586 Advocate Medical Group 4001 Vollmer Road Olympia Fields, IL 60461	H	various Medical Services				98.92
Account No. xxxxxx2586 Advocate Medical Group 4001 Vollmer Road Olympia Fields, IL 60461	H	various Medical Services				285.26
Account No. xxxxxx2586 Advocate Medical Group 4001 Vollmer Road Olympia Fields, IL 60461	H	various Medical Services				343.53
Account No. xxxxxx2586 Advocate Medical Group 4001 Vollmer Road Olympia Fields, IL 60461	H	11/07/12, 11/20/12 Medical Services				192.66
Account No. xxxxxx2586 Advocate Medical Group 4001 Vollmer Road Olympia Fields, IL 60461	H	various Medical Services				634.24
Sheet no. 2 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,554.61

B6F (Official Form 6F) (12/07) - Cont.

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx0420	W	various Medical Services				358.00
Advocate Medical Group 4001 Vollmer Road Olympia Fields, IL 60461						
Account No. xxxxxx2121	W	various Medical Services				448.88
Advocate Medical Group 4001 Vollmer Road Olympia Fields, IL 60461						
Account No. xxxxxx2121	W	various Medical Services				235.14
Advocate Medical Group 4001 Vollmer Road Olympia Fields, IL 60461						
Account No. x-xxxx2115	H	06/06/2008 Medical Services				702.15
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168						
Account No. x-xxxx2115	H	06/17/2008 Medical Services				111.52
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168						
Sheet no. <u>3</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,855.69

B6F (Official Form 6F) (12/07) - Cont.

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. x-xxxx2115	H	06/20/2008 Medical Services				150.44	
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Account No. x-xxxx6228	H	07/14/2008 Medical Services				29.25	
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Account No. x-xxxx2115	H	11/04/2008 Medical Services				111.52	
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Account No. x-xxxx2115	H	12/01/2008 Medical Services				112.50	
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Account No. x-xxxx2115	H	12/08/2008 Medical Services				50.72	
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Sheet no. <u>4</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	454.43

B6F (Official Form 6F) (12/07) - Cont.

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. x-xxxx6228		H	10/20/2007 Medical Services				174.14
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Account No. x-xxxx8888		H	09/14/2007 Medical Services				251.67
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Account No. x-xxxx6228		H	05/28/2008 Medical Services				111.52
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Account No. x-xxxx6228		H	07/07/2008 Medical Services				207.80
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Account No. x-xxxx2115		H	05/13/2008 Medical Services				111.52
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Sheet no. <u>5</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							856.65
Subtotal (Total of this page)							856.65

B6F (Official Form 6F) (12/07) - Cont.

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. x-xxxx2115	H		05/27/2008 Medical Services				74.14
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Account No. x-xxxx2115	H		01/13/2009 Medical Services				10.00
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Account No. x-xxxx2115	H		03/09/2009 Medical Services				10.00
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Account No. x-xxxx6228	H		01/15/2009 Medical Services				60.00
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Account No. x-xxxx5704	W		08/06/2008 Medical Services				111.52
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168							
Sheet no. <u>6</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							265.66
Subtotal (Total of this page)							265.66

B6F (Official Form 6F) (12/07) - Cont.

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. x-xxxx5704	W	08/27/2008 Medical Services				47.04
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168						
Account No. x-xxxx5704	W	09/29/2008 Medical Services				111.52
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168						
Account No. x-xxxx5704	W	09/27/2007 Medical Services				510.83
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168						
Account No. x-xxxx5704	W	10/08/2007 Medical Services				112.80
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168						
Account No. x-xxxx5704	W	05/14/2008 Medical Services				59.21
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168						
Sheet no. <u>7</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						841.40
Subtotal (Total of this page)						841.40

B6F (Official Form 6F) (12/07) - Cont.

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. x-xxxx5704	W	05/30/2008				
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168		Medical Services				
						468.93
Account No. x-xxxx5704	W	05/22/2009				
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168		Medical Services				
						10.00
Account No. x-xxxx5704	W	09/26/07				
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168		Medical Services				
						47.51
Account No. x-xxxx5704	W	04/09/2008				
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168		Medical Services				
						47.04
Account No. x-xxxx5704	W	12/22/2008				
AMG f/k/a Midwest Physicians Group 4001 Vollmer Road Olympia Fields, IL 60461-3168		Medical Services				
						47.94
Sheet no. 8 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						621.42

B6F (Official Form 6F) (12/07) - Cont.

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade debt				
BMO Harris Bank N.A. c/o Gina Lavarda, Chapman & Cutler 111 W. Monroe St. Chicago, IL 60603	J		X			1,915,037.00
Account No.						
BrookWeiner LLC 125 S. Wacker, Suite 1000 Chicago, IL 60606	J					22,000.00
Account No. xxx1162		04/2013				
Capital One 350 Auto PO Box 260848 Plano, TX 75026	H					12,450.00
Account No. x5073		July-Aug 2013 Medical Services				
Cardiospecialist Group 39649 Treasury Cener Chicago, IL 60694	W					500.00
Account No. xxxx xxx xxxx 9003		2009 Credit card purchases				
Chase Bank P.O. Box 15153 Wilmington, DE 19886-5153	J		X	X	X	900.00
Sheet no. 9 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,950,887.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 5311 Citibank PO Box 688911 Des Moines, IA 50368	W	2007-2009 Credit card purchases				16,500.00
Account No. Coconut Palms Resort 611 S. Atlantac Avenue New Smyrna Beach, FL 32169	J	Timeshare maintenance fees				1.00
Account No. 4294 Discover Card P.O. Box 6103 Carol Stream, IL 60197-6103	J	Credit card purchases	X	X	X	2,500.00
Account No. xxx7902 Franciscian Alliance 2434 Interstate Plaza Hammond, IN 46324	W	07/03/2013 Medical Services				405.11
Account No. xxxxxx2058 Franciscian Alliance 2434 Interstate Plaza Hammond, IN 46324	W	06/07/2012 Medical Services				2,324.38
Sheet no. 10 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 21,730.49

B6F (Official Form 6F) (12/07) - Cont.

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. x9804 Grandview Resort at Las Vegas Vacation Villas 9940 S. Las Vegas Rd. Las Vegas, NV 89183	J	2005? Timeshare maintenance fees 2007-2014				1.00
Account No. xxx-xxxxx8118 Midwest Diagnostic Pathology c/o Midwest Recovery Specialist 2250 E. Devon Avenue Des Plaines, IL 60018-4519	H	05/11 Medical Services				96.71
Account No. 3533 Midwest Eye Center 1700 East West Road Calumet City, IL 60409	W	Sept.-Oct. 2013 Medical Services				340.00
Account No. xxx-xxx-4447 Mohela/Department of Education P.O. Box 105347 Atlanta, GA 30348-5347	J	08-27-2007 Student Loans for Children's Education				42,000.00
Account No. xx-xxxx-2707 Mohela/Department of Education P.O. Box 105347 Atlanta, GA 30348-5347	J	10/15/2005 Student Loan for Children's Education				11,000.00
Sheet no. <u>11</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 53,437.71

B6F (Official Form 6F) (12/07) - Cont.

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx xxxx170A Quest Diagnostics P.O. Box 809403 Chicago, IL 60680-9403	H	12/08/2009 Medical Services				10.00
Account No. xxx xxxx170A Quest Diagnostics P.O. Box 809403 Chicago, IL 60680-9403	H	10/29/2010 Medical Services				34.82
Account No. xxxxxxx xxx2959 Quest Diagnostics P.O. Box 809403 Chicago, IL 60680-9403	H	02/07/2011 Medical Services				34.37
Account No. xxxxxx5912 Quest Diagnostics P.O. Box 809403 Chicago, IL 60680-9403	W	09/11/2011 Medical Services				11.84
Account No. xxx xxxx605A Quest Diagnostics P.O. Box 809403 Chicago, IL 60680-9403	W	10/29/2010 Medical Services				47.59
Sheet no. 12 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 138.62

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx2891 Sallie Mae/Navient P.O. Box 9575 Wilkes Barre, PA 18773	J	08/14/2006 Student Loan for Children's Education				27,000.00
Account No. xxxx1248 South Suburban Hospital c/o Illinois Collection Service Inc P.O. Box 1010 Tinley Park, IL 60477-9110	W	04/05/2011 Medical Services				1,691.29
Account No. xxx7665 Speciality Physicians 38132 Eagle Way Chicago, IL 60678	H	Various Medical Services				1.00
Account No. xxx #xxxx1812 St. Margaret Mercy Healthcare Cener c/o MiraMed Revenue Group, LLC Dept. 77304 PO Box 72 Detroit, MI 48277-0304	W	07/03/2013 Medical Services				240.00
Account No. Wilson Resort 8505 W. Irlo Bronson Hwy. Kissimmee, FL 34747	J	06-2014				4,500.00
Sheet no. 13 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 33,432.29
(Report on Summary of Schedules)						Total 2,067,920.86

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

In re **Keith Allen Hasty,
Diane Hasty**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Best-Foam Fabricators, Inc. c/o Keith A. Hasty 3508 Islay Ln. Crete, IL 60417	BMO Harris Bank N.A. c/o Gina Lavarda, Chapman & Cutler 111 W. Monroe St. Chicago, IL 60603
Gina Hasty 1370 N. Wilson Ave. #511 Bartow, FL 33830	BMO Harris Bank N.A. c/o Gina Lavarda, Chapman & Cutler 111 W. Monroe St. Chicago, IL 60603
Maxine Hasty 4611 188th Street Country Club Hills, IL 60478	BMO Harris Bank N.A. c/o Gina Lavarda, Chapman & Cutler 111 W. Monroe St. Chicago, IL 60603
Steven Hasty 1370 N. Wilson Ave. #511 Bartow, FL 33830	BMO Harris Bank N.A. c/o Gina Lavarda, Chapman & Cutler 111 W. Monroe St. Chicago, IL 60603
TriStar Real Estate Holdings, LLC 204 Johnston St. SE Decatur, AL 35602	BMO Harris Bank N.A. c/o Gina Lavarda, Chapman & Cutler 111 W. Monroe St. Chicago, IL 60603

Fill in this information to identify your case:

Debtor 1 Keith Allen Hasty

Debtor 2 Diane Hasty
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
- ☐ Not employed

Sales

Keystone Advisors

160000 S. Van Drunen Road
South Holland, IL 60473

How long employed there?

5 years

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

Accounting

Keystone Advisors

160000 S. Van Drunen Road
South Holland, IL 60473

5 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>4,166.00</u>	\$ <u>4,166.00</u>
3.	Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4.	Calculate gross income. Add line 2 + line 3.	\$ <u>4,166.00</u>	\$ <u>4,166.00</u>

Debtor 1 **Keith Allen Hasty**
Debtor 2 **Diane Hasty**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 4,166.00	\$ 4,166.00	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 925.00	\$ 916.00	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 1,226.00	\$ 485.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 2,151.00	\$ 1,401.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,015.00	\$ 2,765.00	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,015.00	+ \$ 2,765.00	= \$ 4,780.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____			
		11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			12. \$ 4,780.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: _____			

Fill in this information to identify your case:

Debtor 1 Keith Allen Hasty

Debtor 2 Diane Hasty
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,800.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 650.00

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Keith Allen Hasty**
Debtor 2 **Diane Hasty**

Case number (if known) _____

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	<u>180.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>50.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>250.00</u>
6d. Other. Specify: _____	6d. \$	<u>0.00</u>
7. Food and housekeeping supplies	7. \$	<u>700.00</u>
8. Childcare and children's education costs	8. \$	<u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$	<u>480.00</u>
10. Personal care products and services	10. \$	<u>0.00</u>
11. Medical and dental expenses	11. \$	<u>50.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<u>525.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	<u>1,100.00</u>
14. Charitable contributions and religious donations	14. \$	<u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<u>2,300.00</u>
15b. Health insurance	15b. \$	<u>740.00</u>
15c. Vehicle insurance	15c. \$	<u>135.00</u>
15d. Other insurance. Specify: Disability Insurance	15d. \$	<u>333.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
	16. \$	<u>0.00</u>
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	<u>306.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>0.00</u>
17c. Other. Specify: _____	17c. \$	<u>0.00</u>
17d. Other. Specify: _____	17d. \$	<u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).		
18. \$		<u>0.00</u>
19. Other payments you make to support others who do not live with you.		
19. \$		<u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	<u>0.00</u>
20b. Real estate taxes	20b. \$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>0.00</u>
21. Other: Specify: Mohela Student Loans		
	21. +\$	<u>767.00</u>
Sallie Mae/Navient Student Loan		
	+\$	<u>450.00</u>
IRS Installment Payments		
	+\$	<u>750.00</u>
Illinois Dept. of Revenue Installment Payments		
	+\$	<u>250.00</u>
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.		
	22. \$	<u>11,816.00</u>
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<u>4,780.00</u>
23b. Copy your monthly expenses from line 22 above.	23b. -\$	<u>11,816.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .		
	23c. \$	<u>-7,036.00</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain: _____

United States Bankruptcy Court
Northern District of IllinoisIn re **Keith Allen Hasty**
Diane Hasty

Debtor(s)

Case No.

Chapter

7**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **32** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 17, 2015**Signature **/s/ Keith Allen Hasty****Keith Allen Hasty**

Debtor

Date **March 17, 2015**Signature **/s/ Diane Hasty****Diane Hasty**

Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B6 Declaration (Official Form 6 - Declaration), (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re Keith Allen Hasty
Diane Hasty

Debtor(s)

Case No. _____

Chapter 7

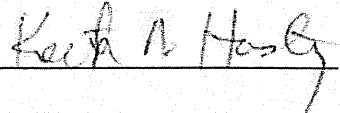
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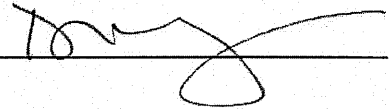
Date March 17, 2015

Signature /s/ Keith Allen Hasty
Keith Allen Hasty
Debtor



Date March 17, 2015

Signature /s/ Diane Hasty
Diane Hasty
Joint Debtor



Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B8 (Form 8) (12/08)

United States Bankruptcy Court
Northern District of Illinois

In re **Keith Allen Hasty**
Diane Hasty

Debtor(s)

Case No.

Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Capital One	Describe Property Securing Debt: 2013 Honda Accord Sport
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input checked="" type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **March 17, 2015**

Signature **/s/ Keith Allen Hasty**
Keith Allen Hasty
Debtor

Date **March 17, 2015**

Signature **/s/ Diane Hasty**
Diane Hasty
Joint Debtor

B8 (Form 8) (12/08)

United States Bankruptcy Court
Northern District of Illinois

In re **Keith Allen Hasty**
Diane Hasty

Debtor(s)

Case No.

Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

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I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date March 17, 2015

Signature /s/ Keith Allen Hasty
Keith Allen Hasty
Debtor

Date March 17, 2015

Signature /s/ Diane Hasty
Diane Hasty
Joint Debtor

01/2012

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

IN RE: KEITH ALLEN HASTY & DIANE HASTY) Chapter 7
HASTY) Bankruptcy Case No.
)
)
Debtor(s))

**DECLARATION REGARDING ELECTRONIC FILING
PETITION AND ACCOMPANYING DOCUMENTS**

DECLARATION OF PETITIONER(S)


A. [To be completed in all cases]

I (We), KEITH ALLEN HASTY and DIANE HASTY the undersigned debtor(s), corporate officer, partner, or member hereby declare under penalty of perjury that (1) the information I(we) have given my (our) attorney is true and correct; (2) I(we) have reviewed the petition, statements, schedules, and other documents being filed with the petition; and (3) the documents are true and correct.

B. [To be checked and applicable only if the petition is for a corporation or other limited liability entity.]


☐ I, _____, the undersigned, further declare under penalty of perjury that I have been authorized to file this petition on behalf of the debtor.

KEITH ALLEN HASTY
Printed or Typed Name of Debtor or Representative


Signature of Debtor or Representative

MARCH 17, 2015
Date

DIANE HASTY
Printed or Typed Name of Joint Debtor


Signature of Joint Debtor

MARCH 17, 2015
Date